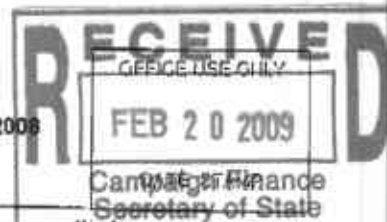


2008 ELECTION CYCLE  
CPR - SS 08-02(b)

POLITICAL COMMITTEE'S REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS



Name of Committee Charles Barbour for Public Service Commissioner  
Address Post Office Box 763, Jackson, MS 39205 County  
Telephone (601) 969-7440 (Fax) (601) 355-9003  
Treasurer Paul V. Breazeale Email Address pbreazeale@soltd.com

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- \_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
\_\_\_ November 18, 2008 Pre-Runoff Report (October 28, 2008, through November 15, 2008).....Runoff Candidates  
X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (i) and (ii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	250.00 + \$ 202.03	\$ 308.64	\$ 308.64
Total amount of disbursements \$	1,654.60 + \$ 57.00	\$ 1,711.60	\$ 1,711.60
Total amount of cash on hand \$		85.77	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

*Paul V. Breazeale*  
(Signature of Officer)

February 20, 2009

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$30 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Charles Barbour for Public Service CommissionerReporting period January, 2008 through December, 2008

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name	Michael A Dawson	1 / 9 / 08	\$ 250.00
Mailing Address	3431 34th Street NW	___ / ___ / ___	\$
City, State, Zip Code	Washington, DC 20009	___ / ___ / ___	\$
Name of Employer (Required)	Self Employed	___ / ___ / ___	\$
Occupation (Required)	Consultant	Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

SS06-03 (B)

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Name of Candidate or Committee Charles Barbour for Public Service CommissionerReporting period January 2008 through December 2008

## ITEMIZED DISBURSEMENTS

A. Full name	Political Insights	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	460 Briarwood Drive, Suite 300	7 / 22 / 08	\$ 1,453.00
City, State, Zip Code	Jackson, MS 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	media	Aggregate Year-to-date	\$ 1,453.00
B. Full name	Stacey Ferreri	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	180 Woodlands Cove	4 / 24 / 08	\$ 206.10
City, State, Zip Code	Brandon, MS 39047	___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 206.10
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

SS04-06